

Northern District Of Ohio  
United States Bankruptcy Court  
201 Superior Avenue  
Cleveland, OH 44114-1235  
**Case No. 09-17017-aih**

**In re: (Name of Debtor)**

Denise Antoinette Uhl  
13100 York Blvd.  
Garfield Heights, OH 44125

**Social Security No.:**

xxx-xx-3451

**NOTICE OF NEED TO FILE PROOF OF CLAIM  
DUE TO RECOVERY OF ASSETS**

**To the Creditors and Parties in Interest:**

The initial notice in this case instructed creditors not to file a proof of claim. Assets have since been recovered by the trustee and creditors who wish to share in distribution of funds must file a proof of claim with the clerk at:

United States Bankruptcy Court  
201 Superior Avenue  
Cleveland, OH 44114-1235

Last date to file claims: **December 10, 2009**

Creditors who do not file a proof of claim on or before the last date to file claims will not share in distribution. A proof of claim form is included with this notice. It may be filed by regular mail. If you wish to receive proof of receipt by the bankruptcy court, enclose a photocopy of the proof of claim with a stamped, self-addressed envelope. There is no fee for filing the proof of claim.

**Any creditor who has previously filed a proof of claim need not file another proof of claim.**

**Dated:** September 14, 2009  
Form ohnb177  
Proof of Claim Included

For the Court  
Kenneth J. Hirz, Clerk



<b>UNITED STATES BANKRUPTCY COURT Northern District of Ohio</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Denise Antoinette Uhl		Case Number: 09-17017-aih
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property):		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ <i>(If known)</i>  Filed on: _____
Name and address where notices should be sent:		
Telephone number:		
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number:		
<b>1. Amount of Claim as of Date Case Filed:</b> \$ _____  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.</b>  Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).  <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).  <b>Amount entitled to priority:</b>  \$ _____  <i>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>
<b>2. Basis for Claim:</b> _____ (See instruction #2 on reverse side.)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b> _____  <b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a on reverse side.)		
<b>4. Secured Claim</b> (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  <b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <b>Describe:</b>  <b>Value of Property:</b> \$ _____ <b>Annual Interest Rate</b> ____%  <b>Amount of arrearage and other charges as of time case filed included in secured claim,</b> <b>if any:</b> \$ _____ <b>Basis for perfection:</b> _____  <b>Amount of Secured Claim:</b> \$ _____ <b>Amount Unsecured:</b> \$ _____		
<b>6. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  <b>7. Documents:</b> Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		
<b>Date:</b> _____	<b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.	
		<b>FOR COURT USE ONLY</b>

*Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.*

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.*

**Items to be completed in Proof of Claim form****Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**4. Secured Claim:**

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a):**

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

**Date and Signature:**

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

**DEFINITIONS****Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

**Claim**

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

**Secured Claim Under 11 U.S.C. §506(a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**Unsecured Claim**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**Claim Entitled to Priority Under 11 U.S.C. §507(a)**

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**Redacted**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

**Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**INFORMATION****Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

# CERTIFICATE OF NOTICE

District/off: 0647-1  
Case: 09-17017

User: dkife  
Form ID: 177

Page 1 of 1  
Total Noticed: 29

Date Rcvd: Sep 14, 2009

The following entities were noticed by first class mail on Sep 16, 2009.

db +Denise Antoinette Uhl, 13100 York Blvd., Garfield Heights, OH 44125-4016  
18678080 Chase, c/o Weltman, Weinberg & Reis Co LPA, 323 West Lakeside Ave Suite 200,  
Cleveland, OH 44113-1099  
18678083 Chase- Tjx, 800 Brooksedge Blvd, Columbus, OH 43801-0000  
18678086 +Citi, P.O. Box 183082, Columbus, OH 43218-3082  
18678084 +Citi, P.O. Box 6241, Sioux Falls, SD 57117-6241  
18678085 Citi, c/o Client Services, 3451 Harry Truman Blvd., Saint Charles, MO 63301-4047  
18678088 +Citibank, c/o GC Services, 6330 Gulfton, Houston, TX 77081-1108  
18678087 Citibank, P.O. Box 6001, The Lakes, NV 88901-6001  
18678089 City of Cleveland, Division of Water, P.O. Box 94540, Cleveland, OH 44101-4540  
18678091 +Discover Fin Svcs Llc, c/o Weltman, Weinberg & Reis Co., L, 175 South 3rd Street, Suite 900,  
Columbus, OH 43215-5166  
18678092 +Dominion East Ohio Gas Company, ATTN: Bankruptcy, 1717 East Ninth Street,  
Cleveland, OH 44114-2800  
18678093 Gemb/jcp, Attention: Bankruptcy, P.O. Box 103106, Roswell, GA 30076-0000  
18678096 Illuminating Company, Attn: Bankruptcy Department, 6896 Miller Road,  
Brecksville, OH 44141-3222  
18678098 NEORSD, P. O. Box 94550, Cleveland, OH 44101-4550  
18678099 +Ohio Catholic Fcu, 13623 Rockside, Cleveland, OH 44125-5173  
18678100 +Radiology Groupit C, c/o First Federal Credit C, 24700 Chagrin Blvd Ste 2,  
Cleveland, OH 44122-5647  
18678101 +Rental Medicine, P.O. Box 74376, Cleveland, OH 44194-0002  
18678102 +Sears/cbsd, 701 East 60th St N, Sioux Falls, SD 57104-0432  
18678103 South Pointe Hospital, P.O. Box 74400, Cleveland, OH 44194-0001  
18678104 +Sunoco/citi, P.O. Box 6497, Sioux Falls, SD 57117-6497  
18678105 +Unvl/citi, Attn.: Centralized Bankruptcy, P.O. Box 20507, Kansas City, MO 64195-0507

The following entities were noticed by electronic transmission on Sep 14, 2009.

tr +EDI: QAJTREINISH.COM Sep 14 2009 17:33:00 Alan J Treinish, 1370 Ontario St, Suite 700,  
Cleveland, OH 44113-1736  
tr +E-mail/PDF: atreinish@epitrustee.com Sep 14 2009 22:08:48 Alan J Treinish, 1370 Ontario St,  
Suite 700, Cleveland, OH 44113-1736  
18678078 +EDI: BANKAMER.COM Sep 14 2009 17:33:00 Bac / Fleet Bankcard, P.O. Box 26012,  
Greensboro, NC 27420-6012  
18678079 +EDI: CHASE.COM Sep 14 2009 17:33:00 Chase, Attn: Bankruptcy Dept, P.O. Box 100018,  
Kennesaw, GA 30156-9204  
18678081 +EDI: CHASE.COM Sep 14 2009 17:33:00 Chase - Cc, Attention: Bankruptcy Department,  
P.O. Box 15298, Wilmington, DE 19850-5298  
18678084 +EDI: CITICORP.COM Sep 14 2009 17:33:00 Citi, P.O. Box 6241, Sioux Falls, SD 57117-6241  
18678087 +EDI: CITICORP.COM Sep 14 2009 17:33:00 Citibank, P.O. Box 6001, The Lakes, NV 88901-6001  
18678090 +EDI: DISCOVER.COM Sep 14 2009 17:35:00 Discover Fin Svcs Llc, P.O. Box 15316,  
Wilmington, DE 19850-5316  
18678094 +EDI: RMSC.COM Sep 14 2009 17:33:00 Gemb/oldnavydc, P.O. Box 981400,  
El Paso, TX 79998-1400  
18678095 +EDI: HFC.COM Sep 14 2009 17:33:00 Hsbc/kmart, Attn: Bankruptcy, P.O. Box 15522,  
Wilmington, DE 19850-5522  
18678097 +EDI: CBSKOHL.COM Sep 14 2009 17:35:00 Kohls, Attn: Recovery, P.O. Box 3120,  
Milwaukee, WI 53201-3120

TOTAL: 11

\*\*\*\*\* BYPASSED RECIPIENTS (undeliverable, \* duplicate) \*\*\*\*\*

18678082\* +Chase - Cc, Attention: Bankruptcy Department, P.O. Box 15298, Wilmington, DE 19850-5298  
TOTALS: 0, \* 1

Addresses marked '+' were corrected by inserting the ZIP or replacing an incorrect ZIP.  
USPS regulations require that automation-compatible mail display the correct ZIP.

I, Joseph Speetjens, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

Meeting of Creditor Notices only (Official Form 9): Pursuant to Fed. R. Bank. P. 2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: Sep 16, 2009

Signature:

